

ATTACHMENT "A-8"

State of California—Health and Welfare Agency
Form Approved OMB No. 2050-0030 (Expires 9-30-88)
Please print or type. (Form designed for use onelite (12-pitch typewriter).

Department of Health Services
Toxic Substances Control Division
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST 3. Generator's Name and Mailing Address DOMESTIC LINNEN 1600 COMPTON BLVD 4. Generator's Phone (213) 747-6226 5. Transporter 1 Company Name DISPOSAL CONTROL SER. 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address OMEGA RECOVERY 12504 W. WHITTER BLVD WHITTER CA. 90602		1. Generator's US EPA ID No. CIA0916114126664 Manufac. Document No. 1111	2. Page 1 of / Information in the shaded areas is not required by Federal law.	
GENERATOR			A. State Manifest Document Number 87247357	
			B. State Generator's ID	
			C. State Transporter's ID 800933	
			D. Transporter's Phone 714 953-2553	
			E. State Transporter's ID	
			F. Transporter's Phone	
TRANSPORTER			G. State Facility's ID CIA04212450011	
			H. Facility's Phone 213 698-0991	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE FLAMMABLE Liquid NOS U.N. 1993		12. Containers No. Type D011 T1T 32X1DR G	13. Total Quantity 14. Unit Wt/Vol L Waste No. 213 EPA/Other D001
				State
				EPA/Other
				State
			EPA/Other	
J. Additional Descriptions for Materials Listed Above P-XYLENE 66.3% TOLUENE 10.1% ETHYLBENZENE 3.28% O-XYLENE 2.00% HEPTANE-0.75% % WASTE 18% PROFILE NO. 97% MHD 2.58%		K. Handling Codes for Wastes Listed Above a. b. 01 01		
15. Special Handling Instructions and Additional Information <i>Keep from open flame - eggs, glass</i>				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.				
Printed/Typed Name BERNARD LEWIS		Signature 	Month Day Year 10/15/87	
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name John L. Stark		Signature 	Month Day Year 10/15/87	
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name Henry R. Solomon		Signature 	Month Day Year 10/15/87	
19. Discrepancy Indication Spec.				
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Henry R. Solomon				

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1 800-424-8802, WITHIN CALIFORNIA CALL 1-800-424-8800.

100-8022-1 (1/87)
100-8700-2
Rev. 9-87 Previous editions are obsolete.

INSTRUCTIONS ON THE BACK